

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6		2		1			56						
7		2		1			57						
8		2		1			58						
9		2		1			59						
10		2		1			60						
11		2		1			61						
12		2		1			62						
13		2		1			63						
14		2		1			64						
15		2		1			65						
16	1		1				66						
17		2		1			67						
18		2		1			68						
19		2		1			69						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		2				TOTAL IND.						
TOTAL DEP.		1		1			TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						